## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		etary of State F CORPORATIONS		
1. Corporation	Trane	00004983 (	3)		
A.B.S.	CLOTHING COLLECTION	, INC.			il BBILL BBILL BBILL BIBLE (BIBL IBIRD LIN) (BBI
Dinaire de Dina					
Principal Place of Business Mailing Address  1025 STANFORD AVE. 1025 STANFORD AVE.			_		
	-CHU AVE. .ES CA 90021	1025 STANFORD AV LOS ANGELES CA S	-		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/03/1993	04/11/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 95-3799247	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for i	Added to Fees intangible tax under s 199,032.
24	9. Name and Address of Curre	29	30	Florida Statutes	□No
	8. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
WALDMAN, CORY				Address (P.O. Box Number is Not Acceptab	lot
2301 COLLINS AVE., APT. 1010A				nedicas (i.e. bex righteen is not receptab	
MIAMI E	BEACH FL 33139		83		·
			84 City		Et 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named co	rporation submits this statement for the pur	pose of changing its registered office
familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ition 607.0505, Florida Statute	zed by the corporation's I s.	board of directors. I hereby accept the appx	pintment as registered agent. I am
SIGNATURE _	Signarure, typed or printed name of registered agor	it and title it armicable //s	OTE: Registered Agent signature re	o instuden rejetat of	DATE:
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THILE	COP	☐ DELETÉ	1. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	SCHWARTZ, ALLEN B 1025 STANFORD AVE.		1.2 NAME		
CHTY-ST-ZIP	LOS ANGELES CA 90021		1.3 STREET ADDRESS   1.4 CITY-ST-ZIP		
TITLE	٧	☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME	SINGER, LLOYD		2.2 NAME		
STREET ADDRESS	525 SEVENTH AVE., 14TH I NEW YORK NY 10018	-L.	2 3 STREET ADDRESS		
CITY+ST-ZIP TITLE	S S	DELETE	2.4 CHY-ST-ZIP		Change Addition
NAME	TAFT, LEROY B	<del></del>	3.2 NAME		onunge resulter
STREET ADDRESS	11661 SAN VICENTE BLVD.	, STE. 600	3.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	LOS ANGELES CA 90049	<b>₩</b> ELETE	3.4 CITY - ST - ZIP		
NAME	schwartz, ronald e	Decre ie	4. 1 THTLE 4.2 NAME	CAMILLE SHERMAN	Change Addition
STREET ADDRESS	1025 STANFORD AVE.		4.3 STREET ADDRESS	camille sherman does stanford ave los angeves ca	
CITY-ST-ZIP	LOS ANGELES CA 90021		4.4 CITY-ST-ZIP	los angeres ca	70021
TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME STREET ADDRESS			5 2 NAME 5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with this filing is voluntarily furr	6 4 CITY-ST-ZIP inished and does not quali	fy for the exemption stated in Section 119.0	07(3)(k), Florida Statutes 1 further
oath; that I	am an officer or director of the corpo	uai report or supplemental and oration or the receiver or truste	iual report is true and acc le empowered to execute	curate and that my signature shall have the so this report as required by Chapter 607, Flo	name local offect on it medic under
appears in	Block 12 or Block 13 if changed, or	on an attachment with an add	ress.	1 1	and the state of t

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

843-744-8600